FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)			Office use only
NAME OF COMMITTEE (in	full) (Check is chang		mple: If typying, type the lines	12FE4M5
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE				
ADDRESS (number and	street) 320 FIRST S	STREET		
(Check if addr is changed)	ess WASHINGT	ON .		DC 20003 -
COMMITTEE'S E-MA	II ADDDESS	CITY		STATE▲ ZIP CODE ▲
cparana@nrcc		11111		
COMMITTEE'S WEB PAGE ADDRESS (URL)				
www.nrcc.org				
		11111	<u> </u>	
COMMITTEE'S FAX N 2028637509	IUMBER			
2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
3. FEC IDENTIFICATION NUMBER C C00075820				
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete				
Type or Print Name of	Treasurer Christo	pher T. Parana		
Signature of Treasurer	Electronically Filed by C	Christopher T. Pa	arana	Date 09 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	·		he person signing this State	ement to the penalties of 2 U.S.C. S437g.
Office Use Only			For further information c Federal Election Commiss Toll Free 800-424-9530	